

* This agency is requesting disclosure of your Social Security Number in accordance with IC 4-1-8-1; disclosure is mandatory and this record cannot be processed without it.

INSTRUCTIONS: Please t	ype or print cl	early. DO NO	OT FAX THIS FORM.					
Last name			First name		Middle name		Jr / Sr	
Maiden / other legal names Social Secu		Social Securit	y Number *	Date of birth (month, day, year) Sex			☐ Male ☐ Female	
Date of hire (month, day, year) Name of dep			artment IDACS / ORI numb			umber		
Employment status of officer (check one) Reason for officer's separation from the department (check one)								
☐ Full-time ☐ Part-time ☐ Reserve			☐ Retired ☐ Deceased ☐ Resigned ☐ Dischar			scharged	Leave	
☐ This paid officer did not complete the sixteen (16) hour minimum in-service training requirement for calendar year Reason:								
☐ This reserve officer has attended the LETB pre-basic course and has successfully completed all testing, including the firearms qualification course.								
Complete this section using the "Roster - Law Enforcement Training" and "Completion of Training Certificate" forms from the training provider or instructor. Between January 01 and March 15 of each year, one copy of this completed form for each officer must be sent to the following address: Executive Director, Law Enforcement Training Board, PO Box 313, Plainfield, IN 46168-0313. Only legible, first generation copies will be accepted.								
TRAINING START DATE (month, day, year) TRAINING END (month, day, year)			LETB TRAINING PROVIDER / INSTRUCTOR		R NUMBER	IN-SE	IN-SERVICE CREDIT (hours)	
TOTAL NUMBER OF HOURS SUCCESSFULLY COMPLETED								
Prepared by (type or print name	ле)			Date prepared (month, day, year)		Prepared for	Prepared for year	
COMMENTS BY REPORTING AGENCY					FOR LETB USE ONLY			